

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        |      | SERIAL NO.<br><div style="font-family: cursive; font-size: 1.2em;">09683106</div> | FILING DATE |      |      |
|--------------------|----------|------|------------------------|------|------------------------|------|---|-------------|------|------|
|                    |          |      |                        |      |                        |      | APPLICANT(S)  |             |      |      |
| CLAIMS             |          |      |                        |      |                        |      |   |             |      |      |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      | *   |             | *    |      |
|                    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. | IND.  | DEP.        | IND. | DEP. |
| 1                  | /        |      |                        |      |                        |      |   |             |      |      |
| 2                  |          | /    |                        |      |                        |      |   |             |      |      |
| 3                  |          | /    |                        |      |                        |      |   |             |      |      |
| 4                  |          | /    |                        |      |                        |      |   |             |      |      |
| 5                  |          | /    |                        |      |                        |      |   |             |      |      |
| 6                  |          | /    |                        |      |                        |      |   |             |      |      |
| 7                  |          | /    |                        |      |                        |      |   |             |      |      |
| 8                  |          | /    |                        |      |                        |      |   |             |      |      |
| 9                  |          | /    |                        |      |                        |      |   |             |      |      |
| 10                 | /        |      |                        |      |                        |      |   |             |      |      |
| 11                 |          | /    |                        |      |                        |      |   |             |      |      |
| 12                 |          | /    |                        |      |                        |      |   |             |      |      |
| 13                 |          | /    |                        |      |                        |      |   |             |      |      |
| 14                 |          | /    |                        |      |                        |      |   |             |      |      |
| 15                 |          | /    |                        |      |                        |      |   |             |      |      |
| 16                 | /        |      |                        |      |                        |      |   |             |      |      |
| 17                 |          | /    |                        |      |                        |      |   |             |      |      |
| 18                 |          |      |                        |      |                        |      |   |             |      |      |
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| TOTAL IND.         | 3        |      | ↓                      |      | ↓                      |      | ↓   |             | ↓    |      |
| TOTAL DEP.         | 14       |      | ↓                      |      | ↓                      |      | ↓   |             | ↓    |      |
| TOTAL CLAIMS       | 17       |      | ↓                      |      | ↓                      |      | ↓   |             | ↓    |      |

  

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| TOTAL IND.   |  | ↓ |  | ↓ |  | ↓ |
| TOTAL DEP.   |  | ↓ |  | ↓ |  | ↓ |
| TOTAL CLAIMS |  | ↓ |  | ↓ |  | ↓ |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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